Application No. (if known): 10/643,003

Attorney Docket No.: 02291/100H204-US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. in an envelope addressed to:

EV 382052892W

MS Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

on December 3, 2004

Date

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal
Amendment
Amendment Transmittal (1 page)
Terminal Disclaimer by Applicant Attorney
Check in the amount of \$110.00 #69/5

12-06-04

Stup



AMENDMENT TRANSMITTAL LETTER						ocket No. 100H204-US1		
Applicatio 10/643,0		Filing Date August 18, 2003		Examiner E. Peselev		Art Unit 1623		
Applicant(s): Zho	·							
PHARMACEUTICAL COMPOSITIONS FOR PROMOTING THE GROWTH OF GRAM- nvention: POSITIVE BACILLI AND INCREASING THE ACIDITY IN VAGINA AND THE USE THEREOF								
TO THE COMMISSIONER FOR PATENTS								
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
The rec has been			S AS AMEN					
	Claims Highest Remaining Number Number After Previously Extra Claims Amendment Paid Present Rate							
Total Claims	12	- 20 =		x				
Independent Claims	3	- 3 =		×				
Multiple Depend	lent Claims (ch	eck if applicabl	e)					
Other fee (please specify): Statutory Disclaimer 110.00								
TOTAL ADDIT	ONAL FEE FO	OR THIS AME	NDMENT:			110.00		
x Large Entity Small Entity								
No additional fee is required for this amendment. Please charge Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed.								
X A check in the	ne amount of \$	110.00	to cover	the filing fee is end	losed.			
Payment by	credit card. Fo	orm PTO-2038	is attached.					
	is hereby auth below. A dup			Deposit Account Nenclosed.	lo04	-0100		
	ny overpaymer	• •						
	, , -		n processing	fees required under	37 CFR 1.	16 and 1.17.		
Howard M. Frankfort, Ph.D. Attorney Reg. No.: 32,613								
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7744								
Express Mail Label No		Dated:						

PTO/SB/17 (11-04)
Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
e Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

	Under the Paperwork Reduction Act of 1995, no person are re						
BE 10%	FEE TRANSMITTAI						
O 3 TON SE	for FY 2005 Effective 10/01/2004. Patent fees are subject to annual revision.						
PATENT & TRADERE	Applicant claims small entity status. See 37 CFR 1.27						
C/VI @ 11	TOTAL AMOUNT OF PAYMENT (\$) 110.00						

FFF TDANOMITTAL	Complete if Known			
FEE TRANSMITTAL	Application Number	10/643,003		
for FY 2005	Filing Date	August 18, 2003		
	First Named Inventor	Zhongming Zeng		
Effective 10/01/2004. Patent fees are subject to annual revision.	Examiner Name	E. Peselev		
Applicant claims small entity status. See 37 CFR 1.27	Art Unit	1623		

TOTAL AMOUNT O	F PAYMENT	(\$)	110.00	Attomey Docke	et No.	02291/100H204-US1		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
X Check Deposit Account	Credit Card	\vdash	oney Order	2. EXTRA CL			Fee (\$)	Small Entity Fee (\$)
Deposit Account Number	04-0100			Each claim over			18	9
Deposit	Darby & Darb	v P.C.	_	Each independer	nt claim over 3		88	44
Name				Multiple dependent claims		300	150	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below				For Reissues, each claim over 20 and more than in the original patent			18	9
Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17			For Reissues, each independent claim more than in the original patent		88	44		
X Credit any over	payments			Total Claims	Ext	ra Claims	Fee (\$)	Fee Paid (\$)
To the above-identified deposit account.			- 20 or HP = x = HP= highest number of total claims paid for, if greater than 20					
Other (please identif	ý):			Indep. Claims	Ext	ra Claims	Fee (\$)	Fee Paid (\$)
	FEE CALCULA	TION			3 or HP =	x		
1. BASIC FILING FE	E			HP= highest numb	•	nt claims paid	for, if greater t Fee (\$)	
				Multiple Depe	ndent Claims		ree (*)	Fee Paid (\$)
Fee Description	Fee (\$)	nall Entity Fee (\$)	Fee Paid (\$)			Sub	total (2) \$	0.00
Utility Filing Fee	790	395		3. OTHER FEE	-	<u>S</u> Fee (\$)	mall Entity Fee (\$)	Fee Paid
D 1 DW D	250	150		1-month extension		110	55	
Design Filing Fee	350	175		2-month extension 3-month extension		430 980	215 490	
				4-month extension		1,530	765	
Plant Filing Fee	550	275		5-month extension		2,080	1,040	
_				Information disclos	sure stmt. Fee	180	180	
				37 CFR 1.17(q) pro	ocessing fee	50	50	
Reissue Filing Fee	790	395		Non-English specif	fication	130	130	
				Notice of Appeal		340	170	
				Filing a brief in sup		340	170	
Provisional Filing Fee	160	80		Request for oral he	_	300	150	110.00
	0.14.4	1 (1) 0	0.00	Other: 1814 Statut	ory Disclaimer	CL	4-4-1 (2)	
	Subtota	1(1) 2	0.00	<u></u>	-	Sub	total (3)	110.00
SUBMITTED BY	A		+					
Signature -	may !	1 Sha	method	Registration No. (Attorney/Agent)	32,613	Telephone	(212)	527-7736
Name (Print/Type) Ho	1				Date	December 3, 2004		

Express Mail Label No.	Dated:	